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ABSTRACT

The goal of the project presented in the practicum was to help parents develop competencies in interacting with their children in ways which foster self esteem and cooperative behavior. The objectives of the practicum included, first, increasing parents' knowledge of: (1) the factors leading to high self esteem and cooperative behavior; (2) the role of play in facilitating enjoyable interactions; and (3) the enhancement of children's social development. The second objective of the practicum was changing the attitudes of parents/caregivers by: (1) making them feel more competent at fostering high self esteem and positive behavior in children; (2) helping them become effective play partners; and (3) increasing their knowledge of the foundations of prosocial behavior. A ten-week program was developed and put into action in a rural community. A combination of information sharing strategies were implemented with fifteen women participants. The results showed an increased rating in almost every category, and anecdotal accounts from many of the participants about how they put their increased knowledge and changed attitudes into action. The appendices include a sample of the survey for professionals form, the pre-post test survey for participants, the participant evaluation of project, and the feedback form for participants. (Contains 29 references.) (AA)

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Increasing Parent and Caregiver Understanding of the Power of Positive Interactions in Promoting Prosocial Behaviour in Young Children.

By

Pamela Thompson

Cohort 7F

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A Practicum Report Presented to the
Master's Program in Life Span Care and Administration
Specializing in Family Support Studies
in Partial Fulfillment of the Requirements
for the Degree of Master of Science

NOVA SOUTHEASTERN UNIVERSITY

1995

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November 3, 1995

Pamela Thompson
4110 Ross Street
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Dear Pamela:

On behalf of the faculty of the Center for the Advancement of Education, I would like to congratulate you on your successful completion of the practicum component of your Master's Degree and on your upcoming graduation. We hope that you will continue to stay in touch with us at the Center, and inform us of your professional accomplishments. We very much appreciate hearing from alumni.

I am enclosing two forms which I would appreciate you taking a few minutes to complete. Your feedback on the practicum component of the graduate program and on the experience of being a student in the program are useful to us. They direct us to areas in which your experiences were satisfactory as well as areas which were less than satisfactory. We have provided **two** return envelopes. One allows you to return the Practicum Evaluation Form **anonymously** and the second allows you to return the Student Survey which asks that you do indicate your name.

Again, congratulations from all of us. If we, at the Center, can be of any assistance to you with the dissemination of your practicum report and with any professional endeavors you may undertake in the future please contact me.

Sincerely,

Adela Beck

Adela Beckerman, Ph.D., A.C.S.W.
Director of Practicums

cc: Norman Powell [redacted]
Sylvia Prant Peter Gabor
Student file
Encl.

Authorship Statement

I hereby testify that this paper and the work it reports are entirely my own. Where it has been necessary to draw from the work of others, published or unpublished, I have acknowledged such work in accordance with accepted scholarly and editorial practice. I give testimony freely, out of respect for the scholarship of other workers in the field and in the hope that my own work, presented here, will earn similar respect.

July 27 '95
Date

Pamela Thompson
Signature of student

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Chapter I

The Introduction and Background

The setting in which the problem was identified is described in this section, together with a description of the student's role in the workplace.

The Setting in Which the Problem Occurred

The work setting is a child development centre in a small town in Canada, which, together with the surrounding rural areas provides services to a population of over 300 000 people. Several programs are offered for families who have a child with a diagnosed disability or developmental delay. These are an in-home support program for families with children aged from birth to three and a half years, an in-centre intensive program for parents, their pre-school children and their caregivers, and an integrated child care placement and consultation program. The centre has been in operation for ten years and was started by a small group of parents who worked tirelessly to establish an accessible service, which had an open door policy, to meet the needs of families in the area.

Provincially, funding is received from three separate departments, social services, health and education, which together make up seventy five percent of the budget. Additional funding is

expected soon from a federal program. The other twenty five percent of revenue is comprised of fund raising in one form or another by parents, staff and other interested supporters. If fund raising is insufficient in a given year the centre will close for a pro-rated portion of that financial year. Although this has seemed possible on some occasions in the past, such drastic measures have been avoided to date. Staff are committed and have remained constant, enjoying a respectful, democratic and collaborative model of shared decision making within the centre. An advisory board, made up of parents and representatives from allied agencies and the business community, provides support and guidance. Administration of the centre is provided by a local educational institution which, without offering any financial assistance, enhances credibility, stability, access to resources and opportunity for student placement and staff teaching assignments. The parent group which initiated the planning for the centre's inception remains strong and continues to provide support and direction.

A high percentage of families, who refer themselves or are referred by other agencies to the centre, are concerned about the behavioural disorders of their pre-school children. Both the geographic area served and the mandate of the centre itself are soon to be expanded so that early intervention services will be offered in a broader sense to families at risk, and training opportunities will be offered to service providers. At the provincial policy level there is currently a renewed interest in expansion of early intervention services which are viewed as potential cost saving measures.

A transdisciplinary approach to offering services and the involvement of parents as key participants are core to the philosophy of the centre. The staff at present consists of two early interventionists (soon to be expanded to five), a speech-language pathologist, a special education teacher, two psychologists, an occupational therapist and an integration specialist. The early interventionists spend the majority of their time in home based services with some in-centre involvement. The integration specialist offers outreach services to child care programs, and the transdisciplinary assessment team spends the majority of its time in a centre based program with a home visit follow up component. In addition to child and family centred programs the centre has developed a community resource library of books, journals, videos and tapes, and staff offer workshops to community groups as requested.

The centre is housed in an innocuous office building in the downtown area, close to bus services. This location was initially requested by the founding group of parents so that the centre be easily accessible, and that no stigma be attached to families who seek out the services.

The Student's Role in the Setting

The student's role has been to establish, with a co-worker, an in-home early intervention program for families of infants and young children with an identified disability or developmental delays,

which would complement services already offered by the centre. Over the past two years the program has built up a full caseload and has established links with allied agencies in the area. The centre is now about to incorporate a broader definition of early intervention by providing outreach services to families of children at risk, from birth to school age. A new challenge will be for the staff of the centre to merge this new service with programs already operating out of the centre and in the community, in order to develop programs and strategies to meet the needs of families.

Experiences as an early childhood and grade school teacher, as a daycare director and home visitor, have helped me become aware of the very real disadvantages faced by young children, from families at risk, when they enter placements in educational institutions. This awareness has encouraged me to focus on intervention during the early years. An effective program, which is open to all, may influence families at an early stage in parenting and avoid the spiraling negative effects of behavioural concerns, on all family members. Membership in a provincial working group on outcomes for early intervention and participation in writing a community funding proposal to offer a broader mandate to early intervention services, has allowed the development of connections in the community which will facilitate early referrals and acceptance in the community.

Chapter II

The Problem

A concern, that has become increasingly apparent within the centre, is the difficulty many parents encounter in promoting positive behaviour in their young children.

The Problem Statement

The lack of parental understanding of the foundations of cooperative behaviour was evident in many families who lacked enjoyment in their children, or who felt they had lost control. Some children were observed to be unable to relate comfortably and respectfully to other children and to adults. Positive interactions, which contribute to high self esteem and positive behaviour, were often absent or infrequent for these children. The perceived need was for a preventative parenting program, which could connect with parents early and without stigma, to emphasize the links between responsive interactions, the fostering of high self esteem and the development of the internal controls necessary for children to demonstrate prosocial behaviour. As the child would naturally benefit from all significant adults working in harmony, the inclusion of caregivers was felt to be important.

In essence, the problem to be addressed was that many parents and caregivers had difficulty interacting in a manner which fostered high self-esteem and cooperative behaviour.

Documentation of the Problem

The problem and possible factors contributing to it have been identified in the literature. Local child development and family support professionals have noted their concerns and parents have recognized the need for assistance in developing a different approach to discipline.

A factor contributing to the problem is the large number of immature parents with little understanding of their child's needs. Bredekamp (1987) describes the basis of appropriate guidance for young children as understanding behaviours that are usual for each stage of development. Smith Nickel and Delany (1985) suggest that young mothers become stressed as they "try to control their newly independent and willful toddlers" (p.18), and do not recognize that this is normal development. Schorr (1988) believes that these high risk families could receive an intensive version of universal programs, perhaps by follow up home visits, in order to accommodate their distinct needs. It does not make sense "to withhold services until these children or their families exhibit clear signs of pathology" (p.286). She believes that unrealistic expectations of parenthood compound the problem. Young parents "seldom perceive the impact of having a baby on their own

educations and future incomes" (p.58). Perhaps it is as difficult to foresee the impact of early parent and infant interactions on the behaviour of that infant as a pre-school child.

Parents, who themselves had poor role models, choose to accept or reject their own childhood experiences as an blueprint for parenting the next generation. Screaming in anger, neglect, inflicting physical or emotional pain, ridiculing, blaming, threatening, name calling and other equally unacceptable adult behaviours (Bredekamp, 1987), can be passed down to the next generation. Those who choose to reject their own parents' example and want to offer better experiences to their own children often do not know what to provide instead and through default fall back on their own experiences. In addition, the mobility experienced by young people has often resulted in isolation from the extended family who could offer valuable parenting advice and support (Weissbourd, 1987). These young parents are often unaware of the informal or formal supports available to them in the community.

The stress and time constraints of parenting in single parent families, two working parents families, or in families living in poverty or other stress inducing circumstances, limit the opportunities for slow paced, child centred interactions. These circumstances often introduce the need for low cost caregivers in the child's life and the possibility of conflicting views of effective discipline. Families living in poverty have a number of interrelated obstacles to overcome including balancing attention between basic

survival needs, personal needs, the parent-child relationship and children's developmental needs (Musick and Halpern, 1987).

Dinkmeyer and McKay (1989) indicate that the parents' belief that they must exercise control may result in children lacking self discipline and feeling anxious, rebellious and critical of others. Parents may confuse cooperation with obedience (Kamii, 1986) and discipline with punishment. Greenberg (1991) describes how, even at two years of age, children with low self esteem can be recognized by their patterns of behaviour. All children may show these traits at times but if shown consistently over time child behaviours such as, sitting on the fringes, not knowing what they want, showing little initiative, not wanting to join with others, being docile or claiming toys then not playing with them, and so on, may indicate low self esteem.

Historically, attempts to stimulate early development and to have enjoyable interactions with infants have been frowned upon (Shonkoff, 1987), and society's beliefs about how parents should train, discipline and prepare children to be good citizens have reflected the political and economic realities of the times (Weissbourd, 1987). Still today, many parents dismiss the value of play as a learning and socializing activity. MacDonald (1989) discusses the difficulty many parents have in becoming involved in enjoyable interactions through the medium of play. Parents often do not believe that play is critically important for each child's development. They may have a directive or controlling style when

trying to engage in an activity, which results in disregarding the child's interests, having difficulty waiting for the child to take a turn, asking many questions, or going through the motions of play while remaining emotionally detached.

The observations of local professionals who work with families at risk indicate that the communication styles of adults often do not foster warm reciprocal interactions. When a conflict arises between the parent's, or caregiver's, agenda and the child's agenda the conflict often becomes an irritation, or a personal threat to the adult, rather than an opportunity to guide behaviour. Interactions which have not allowed children and adults to maintain their dignity and self respect have been observed to lead to a cumulative spiral of negative behaviours. Sometimes a causal factor is low self esteem in the parent which leads to permissive or authoritarian styles of parenting. The eight surveyed professionals (Appendix A) were members of a multidisciplinary team of therapists and family support specialists. Their responses suggest that learning to interact in a positive way is a deceptively simple strategy but one that is within everyone's grasp. Learning to match parent expectations to the child's stage of development is integral to this knowledge as is an understanding of the value of engaging in play and the foundations of self esteem. Responsiveness, together with respect, clarity and consistency in the parenting role were emphasized. Finally, the professionals surveyed indicated the optimal time for parent participation in this type of program was in the early stages of parenting. This would ensure parent interest and

investment in the content of the program and would also emphasize a proactive approach which could build on strengths and enhance parents' feelings of competence. In addition, the ability to mobilize a means of responding immediately after a critical incident would have great impact.

Many parents have indicated they do not feel comfortable playing with their child. Their child's involvement in play is seen as an opportunity to get some work done or an opportunity for the parent to take a break. Observations of parent initiated interactions indicate that the majority are focused on giving directions or preventing an activity from happening.

Six teachers in early childhood programs, or in the early grades, were also surveyed by telephone or through face to face discussion. Their perceptions of the impact of inappropriate behaviour on the tone of their classrooms and the teaching strategies they chose to employ were discussed. In general they felt that behavioural difficulties were the most challenging of all special needs to accommodate in a classroom setting, especially as they were the least likely to be recognized as qualifying for support staff help. Most teachers felt they became more controlling when children's behaviour put the learning environment at risk and they tended to reduce hands on, or individual activities. In times of cutbacks it was felt that the situation would be likely to intensify as families and school personnel would be under more stress.

Teachers felt that an increase in parent involvement in school management and decision making was already indicating an intolerance for behavioural issues that disrupt the progress of the learning environment. A paper produced by a parent dominated school climate committee had recently emphasized the need for alternative placements for children who do not comply with behavioural standards and the perception was that this was welcomed by many teachers. The need for intervention at an early stage in the parent/child relationship, in order to strengthen the foundations of cooperative behaviour, was endorsed.

The recent reduction in government funding to pre-school programs will result in increased fees for quality child programs. This will prohibit poor families from accessing child care centres, playschools or early childhood services, where they might benefit from the modeling of qualified caregivers and educators. Many children in this region will now not participate in a child program before grade one.

Both the literature and local observations support the premise that many parents are unaware of the importance of positive interactions in creating a learning environment for their child and of the role of play in their child's development. Poor role models, inappropriate expectations and stressful living circumstances can exacerbate situations and create a wide ranging effect on family life and child adjustment to social situations.

Analysis of the Problem

The impact of early relationships on the development of self esteem and self discipline in the young child is echoed throughout the literature on child development. Many parents feel the answer to discipline problems is to become more directive with their child and to place a high priority on obedience or compliance. While this approach, using external controls, may seem to be successful in the short term, the long term results are far from satisfying for parent or child. Parents often say they want co-operation from their child when what they really want is obedience. True cooperation is internally motivated and is built on the foundation of trust and autonomy which can be fostered through responsive interactions from birth.

Early exchanges of gazing and looking away with a parent gives a baby his first experience in responsive social exchange. The alternating giving and receiving of signals allows the opportunity to process information and regulate the amount of social stimulation he receives. As the baby gets older his perception of his effect on things around him influences social development (Fewell & Vadasy, 1983). Babies become more responsive if played with and they soon begin to take a more active part in interactions. Early reciprocity is established as they learn to read cues and to wait for attention to be redirected to them. This early relationship is interactive as what the child does affects the parent and what the parent does affects the child (Gallinsky, 1987). As the parent or

caregiver interprets the baby's needs and responds, she learns to pay attention and tune in to the child's stage of development.

The on going interactions between infants and their caregivers form the heart of a process which influences the child's developmental progress (Calhoun, Rose and Prendergast, 1991). A sense of well being is created by warm responsive adults but not all parents are confident in their ability to meet their baby's needs, or are aware of needs beyond custodial care. Sometimes an infant's crying is seen as a nuisance, and language may be used infrequently as the adult hurries through daily routines. It is the quick response to cries of distress that builds trust (Bredekamp, 1987). Cuddling, carrying and holding helps the baby feel secure and calm, and this is enhanced by talking and singing and obvious enjoyment in the baby's company. Some parents are unable to feel this enjoyment and complete their caregiving routines while remaining emotionally unavailable to the child (Greenberg, 1991).

Adults often assume that play is purposeless and has no end result. It is not seen as an opportunity for learning which tends to be associated with more formal study in school and work (Fewell & Vadasy, 1983). Play does offer children the opportunity to learn about their world, very often through everyday experiences. The feelings of success gained through play experiences give the child the confidence to try more challenging tasks, to explore, to become independent and to co-operate with others. The involvement of a parent as a partner in the child's play can offer pleasurable

experiences and practice in emerging skills, which can then lead to the confidence to risk new discoveries. Many social interaction skills are learned in early play (Bergen, 1991). The child explores relationships between self, other people and objects. Play is an essential cognitive activity which allows the child to develop an understanding of his world. When children learn to interact within a play situation they learn to take turns and to follow social rules. Play has a role in making children feel in control of their lives which is critical to the development of self worth and competence. Through play with others, children learn to delay gratification and to control impulses as behaviours are shaped within the context of social interactions. Competence at play enhances the child's self esteem and self image (Priznant & Wetherby, 1994).

Adults, who do not naturally become engaged in children's play will find that they change the nature of play when they try to direct or facilitate it. Parents and other adults often do not believe that play is critically important to every child's development and frequently assume that playing alone is acceptable (MacDonald, 1989), or is a time filler (Bredekamp, 1987). MacDonald believes that children develop "habitual social attachments through playful routines" and that "interactive play is best done when it is salt and peppered throughout the natural time that adults spend with their children"(p. 53). If adults are able to be playful and to tune into the child's interests, wonderful and pleasurable shared experiences can result. All to often however adults are too directive and controlling so that the child is less motivated to learn (MacDonald, 1989).

Parents rarely have training in child development which indicates their optimal role in play. Waiting for the child to process information and give a response is especially difficult. Matching the child's level, being fun for the child to be with, sharing power and following the child's lead are all skills to be learned. When the adult is non directive the child is free to initiate and avoid the passive role (Manolson, 1983). Play is a medium for helping children problem solve, predict, plan and cooperate. Children who do not experience enjoyable playful interactions are more fearful, irritable or aggressive (Greenberg, 1991).

Successful experiences in playful interactions will influence the way children approach new experiences and will enhance later development. The opportunity to become a leader and an initiator helps the child's emerging autonomy and imitation and play strengthen the infant's sense of control and competence (Brazelton, 1990). Early interactions which lead to developmental success are often overlooked as a contributor to self esteem. A positive self image is essential for success and continuing developmental successes have a cumulative effect on self esteem. When parents criticize and complain and produce a high rate of negative interactions it is difficult for the child to deal with failure, adjust to frustration or concentrate on finding solutions (Bluestein & Collins, 1989). Children who feel good about themselves are better able to meet challenges with enthusiasm (Dinkmayer and McKay, 1989), to tolerate frustration, to act independently, be proud of their own

accomplishments and take pleasure in accomplishments of others (Clemes and Bean, 1983).

A quiet sense of self respect reflects the child's knowledge of being loved and being important to people. Self esteem is a positive view of one's self which is developed as the child knows he is lovable and capable. Not every child has been encouraged to feel competent and to feel his needs are responded to and respected (Greenberg, 1991). Eriksons's belief that personality is powerfully influenced by the young child's learning of trust or mistrust, autonomy or shame, illustrates why children may sometimes learn to feel apathy, inadequacy and inferiority (Freiberg, 1992) and may hurt and belittle others. The way parents practice everyday discipline can either diminish or enhance self esteem and the feelings of worthlessness or self worth (Greenberg, 1991). Children's behaviour reflects their attempts to communicate their needs so that the setting of safe boundaries is an effective form of discipline. Avoidance of a focus on negative responses, and on the temptation to solve all the child's problems quickly, leads to a search for ways to respond positively, and to redirecting the child's activities.

The process of play is more important than the end result and the spontaneous elements crucial to play can be lost when it is used as a teaching tool with specific goals in mind. Play can offer the child the opportunity to develop internal control, and motivation as the child must decide who to play with, what to play, how to play,

when to stop and whether or not to take risks (Bergen, 1991). A play partner who is able to focus on the child's interest and to follow his lead will be able to extend the play and offer appropriate challenges without becoming directive. Children who make mistakes but are not afraid to accept feedback and work out the problem constructively, will enhance their self esteem and integrity. Freiberg (1992) discusses Piaget's view of the processes of accommodation and assimilation, which involves "absorbing new information from the environment and using current structures to deal with the information" (p. 121). When children, who have learned from past experiences, are not afraid of being punished, they are not afraid to work out solutions in a proactive way.

Discipline by a system of rewards and punishments, however, teaches children to calculate risk, to conform blindly or to rebel at a later date (Kamii, 1986). It also discourages children from deciding for themselves what is right or wrong. It allows adults to exercise power and keep children dependent and obedient. The ability to make decisions on a daily basis, through play and the regular routines of family life allows children to construct personal values for themselves. Children become responsible as they make decisions not as they follow orders. Parents who allow decision making, within reason and within the context of the situation, are allowing children practice in negotiation and exchanging points of view. Kamii (1986), writes that "many people believe that autonomy is for adults and that what is appropriate for children is obedience. But good judgment does not develop all of a sudden

when the child is 16, 18 or 21 years old"(p. 95). Negative behaviour in children is often their attempt to satisfy their need for control. Threats of punishment will usually ensure compliance but does nothing for the development of self management. Learning is inevitable in all interactions but the child does not always learn what the parents intend. Bluestein and Collins (1989), believe that parents should allow the child to make decisions in a supportive and success oriented environment and to experience the connection between choices and outcomes.

Praise and encouragement are often confused. Encouragement is a skill which adults can use to help children focus on their strengths and develop positive attitudes and beliefs about themselves by recognizing effort and improvement, and importantly, by not depending on other's perceptions for satisfaction. Comparison and competition, however, lead children to believe that their worth depends on being better than others and praise rewards this view, while teaching a child that it is important to please others (Dinkmeyer and McKay, 1989).

There is a high co-occurrence of emotional and behavioural disorders and communication disorders. These are inter-related (Priznant & Wetherby 1994), as language, communication and self regulation influence behaviour and beliefs. Internalized language is needed to reflect and anticipate, to problem solve and to foster autonomy. A parent who is animated and attractive for a child to be with, who is responsive to the child's emerging communications,

is non directive and allows the child to initiate and respond freely and who allows choice and decision making where possible, fosters the development of high self esteem, autonomy and co-operative behaviour (MacDonald, 1986, Bluestein and Collins, 1989).

Warm, responsive interactions then, are critical to the development of high self esteem, as are opportunities for children to learn to through the give and take of play. Many parents find it difficult to engage with their child in a playful manner and by the predominant questioning and giving of directions, limit their child's decision making and development of autonomy. When children are able to engage in interactions with their caregivers which build trust and allow for turn taking and risk taking, the resulting feelings of success, confidence and competence will be transferred to interactions with other children and adults as their social network widens.

Chapter III

Goals and Objectives

Links between social interactions, the development of self esteem and the foundations of cooperative behaviour have been researched through the literature on child development and discussed in Chapter II.

The problem has also been documented by responses from parents and local professionals. Parents have identified that knowledge of the interactive process, and its impact on the child's self esteem, leads to more positive social exchanges with their child and consequent behaviours. Parents, through seeking help, have become aware of these connections have suggested that this is critical information that all new parents should have before behaviour issues arise.

Both parents and professionals alike have identified the discomfort many parents feel on attempting to play with their child. Local professionals have observed the predominance of negative exchanges in situations of escalating conflict between parent and child. Teachers have identified the presence of indicators of low self esteem among children who demonstrate uncooperative behaviour in a group setting. Behaviour is the concern that most often prompts parents to seek help. Parents wish to see their child

become happy and successful but often are not aware of the impact of early interactions on such outcomes for the child

Goal

The goal of this project is to help parents develop competencies in interacting with their children in a manner which fosters self esteem and cooperative behaviour. The objectives of this project fall into two groups, comprising changes in knowledge and changes in attitude.

Objectives

Changes in knowledge:

1. There will be an increase in knowledge of the factors leading to high self esteem and cooperative behaviour.
2. There will be an increase in knowledge of the role of play in facilitating enjoyable interactions, and in enhancing the child's social development.

Changes in attitude:

1. Parents /caregivers will feel more competent at fostering high self esteem and positive behaviour, in children.
2. Parents/ caregivers will feel more able to become effective play partners.
3. Parents/ caregivers will feel more knowledgeable about the foundations of prosocial behaviour.

The meeting of these objectives will be measured by a pre-post survey, (Appendix B), to be completed by participants. The items on the pre/post test relate to the objectives as follows.

For knowledge objective 1, items 4, 8, 10, 21, 25, 26 and 30 ratings were expected to increase and items 3, 9, 12, 16, 18 and 22 were expected to decrease.

For knowledge objective 2, items 1, 4, 10, 11, 23 and 29 were expected to increase and items 13, 17 and 19 were expected to decrease.

For attitude objective 1, items 8, 26, 27, 28 and 30 were expected to increase and items 2, 3, 5, 9, 12, 14, 16, and 24 were expected to decrease.

For attitude objective 2, items 1, 10, 11, 21, 23 and 29 were expected to increase and items 13, 17 and 19 were expected to decrease.

For attitude objective 3, items 6, 8, 25, 26, 27, 28 and 30 were expected to increase and items 2, 9, 12, 14, 15, 20, 22 and were expected to decrease.

The participants will also be asked to complete an evaluation of the project (Appendix C). This will be used to give anecdotal information on change that results from their participation in the project.

Chapter IV

The Solution Strategy

Goals and objectives have been developed from the need for parents and caregivers to enhance their competence in preparing the foundations of self esteem and behaviour, as documented in Chapter III. Literature on effective help giving, adult education and parent training, together with the accumulated practice wisdom of professional colleagues, has given support to the development of the solution strategy discussed in this section.

Review of Existing Programs, Models and Approaches

The Centre for Health Promotion at the University of Toronto has published a paper in support of the use of behaviour change theories in planning health promotion projects. Through this paper, Hyndman et al. (1993) give descriptions of theories which apply to the changing of parent beliefs, attitudes and behaviours. In the Stages of Change Theory the person first begins to think about making a change, then prepares for change and then begins to make the change. Social Learning Theory outlines the need to change a person's environment (perhaps to make it easier to take part), to provide information which corrects beliefs that are untrue, to offer special training, to teach by modeling, to ensure

recognition of successful experiences and to build confidence in one's own ability to make the changes.

The authors go on to discuss the Diffusion of Innovation Theory which suggests that people are more likely to adopt new practices when they are similar to what they are already doing, flexible enough to work in different environments, easy to try and understand, easy to stop if they choose, and with low risk and low cost in time and money. This has direct application to working with parents, both in group situations and individually within the home. Commercially prepared programs, such as Systematic Training for Effective Parenting, contain much useful information but are not flexible enough to facilitate the generalization of skills to the home environment and to allow for enhancing competence through building on individual's skills.

In the Parent Behaviour Progression, Bromwich (1981) anticipates the parent role will develop from one of enjoying her infant to becoming a sensitive observer and an accurate reader of cues, and then to a responder who can engage in mutually satisfying interactions. In order to do this parents need to be aware of materials, activities and experiences which are suitable for the child's current level of development. A home visit component can help the participant identify barriers to spontaneous play, such as play space and storage arrangements, and can facilitate discussion of appropriate toys and expectations for each child's level of development.

The principles underlying successful helpgiving are discussed by Dunst, Trivette & Deal (1988) and include the respecting of parents as equal partners, the facilitation of reciprocity, and the enhancement of family competence and control. Helpgiving should not engender a sense of indebtedness or feelings of passivity and helplessness. It is optimal when building on the strengths already possessed. Dunst, Trivette & Deal (1994) writes that empowerment is a term which has been used to describe " a wide array of individual and group centred participatory endeavors directed at influencing a sense of control over important life events" (p.12). This has direct implication for parents' understanding of the likely causal effects of interactional styles on a child's development and for the delivery of services on a group as well as individual basis.

A Hanen Early Language Program (Manolson, 1984) gives a comprehensive parent guide to observing, following the child's lead, responding, taking turns and prompting. It grounds activities, which lend themselves to an interactive approach, in the concrete by suggesting books, games, toys music and art activities which are appropriate for stages of development in body awareness and movement as well as social and emotional growth. Weitzman takes the Hanen Program further by embedding it in the day today activity of a daycare or playgroup. The roles that adults take around children's play are easily identifiable by parents and give rise to reflection on just how much time is spent in which role. The director makes suggestion and asks questions, the entertainer does

most of the talking, the timekeeper rushes through routines, the rescuer provides help before the child needs it and the too-quiet adult hardly interacts. It is the responsive adult who is tuned in to the child's needs and interests and encourages the child to talk. These examples are amusing and lend themselves to generating discussion around parent agendas in which all participants can recognize themselves.

Teaching parents to imitate child like actions, to initiate specific interactions or to reinforce social play is difficult (Bergen, 1991). The processes of creating environments and developing the understanding which leads to genuine play interactions are surprisingly complex and may even result in destroying play in the process. Bluestein and Collins(1989) suggest that planning ahead will help parents create a mental picture of the kind of parent child relationship they want. Experimenting and learning new skills is easier when the child is a new born as there is no history in place. The authors suggest trying to change one thing at a time and building on success. McDade and Varnedoe (1987) write that emphasizing the positive, and then building on it, helps to attain goals which focus on increasing existing skills. They suggest videotaping parents and children while interacting freely and using this to analyze positive sections to show parents what they do well. This could be easily incorporated into a home visit.

MacDonald's ECO model (1989) offers the most relevant analysis of strategies which could be applied to this parent training

project. The purpose of his model is to develop the relationship in which the child can spontaneously learn to be an increasingly social and communicative person. MacDonald believes that empowering the adult, to help the development of children through changing interactive styles, is an achievable goal.

In adult directed settings the power is one way. MacDonald's strategies promote the increase of opportunity for the child to gain more control. He identifies the difficulties that adults have in genuinely engaging in play and builds a model which emphasizes the gradual acquisition of skills. Learning to balance, to match the child's competencies, to be responsive to emerging interactions and to become emotionally attached in a non-directive way creates a context which gives the child increasing control and success. This is natural for some parents but extremely difficult for others. The processes involved are complex and a seemingly simple objective, such as learning to wait for the child's response, can be extraordinarily difficult to achieve. MacDonald's model validates the natural inclinations of parents who probably experienced playful interactions themselves, as children. Other parents who become aware of the potential of this approach will no longer be "satisfied with an obedient, responsive child who rarely asserts himself" (p.43).

Group work which allows for discussion among participants can focus on issues important to parents and caregivers while providing mutual support. Parent Training, which is able to combine

a variety of approaches and incorporate home visits with group sessions can facilitate the merging of individual's unique circumstances with the content of the training program. Wasik, Bryant and Lyons (1990) believe that the goals of the program have to coincide with the procedures used on the home visit. Incompatibility of philosophy and procedure with reference to parent coping, enhancing independence and problem solving can create a program which is not credible or acceptable to the participants. The use of strategies, which will help the parent deal with future situations and not merely answer immediate problems, is empowering. The authors believe the use of examples, the modeling of responses, the basic helping characteristics of empathy, warmth and genuineness, and the skills of observation, listening, questioning and prompting are the core of effective programs.

The responses to the survey for professionals indicated that a combination of professional presentations and home visits may ultimately be more effective than a single, exclusive delivery method. Presentations and group work were felt to offer a focus, opportunities for practice and mutual support for parents but the core of the training did not always generalize to the home situation. Home visits were less intimidating and offered more opportunity to build a relationship, to identify parent interests and to build on strengths. A disadvantage of home visits was felt to be that issues get easily sidetracked and intervention was often slow to take effect. A group discussion or professional presentation seemed to validate the attempts at change that were being incorporated into the home

environment. Overall a combination of group presentations and home visits were felt to offer a more wholisitic approach.

Proposed Solution Strategy

The strategy chosen to best meet the stated goals and objectives is a combination professional presentations with discussion time, and home visits. The program will be offered to parents and caregivers in a rural community which has limited opportunities for training in enhancing social interaction with young children. Staff time has been approved by the agency. The rural area in question is soon to come within the Child Development Centre's newly expanded boundaries and this is an excellent opportunity to make connections in the community. This is an opportunity for staff to work collaboratively on a project which, if successful, will have implications for future service delivery. Twelve parents have committed to attending the course, the majority of whom care for other children in their homes during the course of the day.

Over a period of ten weeks information will be presented to the participants through three evening presentations and discussion sessions. Five hours of home visits to each participant which will make up the balance of the projects time frame. There will be opportunity for telephone follow up for those who wish it. The content of the project will be introduced during home visits so that the discussion can follow the interests of the participant and can

build on the strengths of the individual. This will allow for the modification of practices in a manner which is similar to the participants present practices, low risk and easy to understand. The role of the home visitor will be that of a sensitive observer, able to read cues from the adult and child, and of a play partner to model the interactive style. The focus of the project will be to enhance the competence of the adult in communicating in a respectful way to children in order to build self esteem and problem solving abilities.

I will take a leadership role in planning the training program and co-ordinating with a local child care professional to arrange meeting space and times. I will present an overview of the material to be covered at the first session, look ahead to discuss what participants envisage for their children as adults, and discuss how actions taken now may help (or hinder) them attaining this goal. I will share home visit times with two other staff and the scheduling for this will be planned at that first meeting. I will be responsible for collating surveys and evaluation of the project.

The second group session will be led by a speech pathologist who will introduce the interactive approach and use pre and post video examples to illustrate how a child's language, social interaction and behaviours can be shaped by adult responses. Home visitors will review this information, model interactions, encourage parent practice, build on success and show how these interactions can be built into everyday routines.

The third group session will be led by a psychologist who will present information on behaviour and will be prepared for the inevitable flood of questions. Final home visits will focus on reviewing the relationship of social interactions to self esteem and behaviour. Time will be balanced on home visits between covering the staff agenda and individual parent interests.

This project will be a group effort by a staff of three home visitors, a speech pathologist, a psychologist and a community college student. All of the professional staff have worked together on related projects before, are familiar with each other's presentations and hold congruent philosophical beliefs. The home visitors will be present at all group sessions and will be able to follow up on subjects of interest to individuals. A team of two people will visit the homes and there will opportunity here for the student to assist where appropriate. One person will be able to play with the children and demonstrate the interactive approach while the other will be able to engage the parent in conversation or on videotape with one child. Flexibility in scheduling home visits is essential as inevitably changes due to illness, school holidays, or family situations will have to be accommodated. Staff changes are not anticipated but could also be accommodated as another speech pathologist/psychologist on staff could present the material and home visitor rescheduling is possible. A form (Appendix D)has been prepared to arrange contact information and scheduling of home visits.

The home visitors will record the conversations and material (Appendix F) covered on each visit on a checklist. This will ensure that the core content of the program is explored with each participant, within the time frame, as well as allowing for the discussion to respond to the parent's initiation. A copy of feedback for participants (Appendix G) on strengths, identified during home visits, as well as suggestions for enhancing these, will be left on each home visit. Videotaping of parent child interactions will be used where acceptable. Some participants have already indicated their reluctance to participate so this is optional. Some participants care for other children so a release form (Appendix E) will need to be signed by their parents before videotaping can take place.

The evaluation will use a pre-post survey (Appendix B) with questions or statements related to the objectives, will be completed by participants at the first and last meetings. This will indicate changes in attitude or knowledge about issues of self esteem, behaviour, fostering competence, play and social development Completion of a participant evaluation sheet (Appendix C) will be requested at the last home visit. Staff perceptions of program content and service delivery effectiveness, as well as suggestions for refining the project will be discussed following the completion of the project.

Calendar Plan for Implementation of Activities

Preparation:	Set dates and book room for group sessions. Arrange for coffee, cups etc.. Coordinate dates for possible home visits with staff. Confirm presentation dates with presenters. Confirm attendance with participants. Plan for requisition of audio visual equipment. Photocopy adequate numbers of forms shown in appendices. Plan the use of home visit time to cover content and parent interests.
Week 1:	Complete pre test Introductory session Schedule home visit dates Complete participant information sheet Discuss video releases Display suggested reading and handouts
Weeks 2,3,4:	Home visits conducted. Copies of positive feedback sheets left with participant. Participant questions and personal experiences discussed. Home visitor content checklist completed

Week 5:	Interactive Approach Session - Teacher/Speech -Language Pathologist Videotaped examples Rescheduling home visits Opportunity for informal discussion.
Weeks 6, 7, 8:	Home visits conducted. Copies of positive feedback sheets left with participant. Participant questions and week 5 presentation discussed. Home visitor content checklist completed
Week 9:	Behaviour Session - Psychologist Confirm last visit Complete post test Opportunity for informal discussion
Week 10:	Wrap up home visit. Effectiveness of project discussed with participants Copies of post test collected Participant evaluation collected. Home visitor content checklist collected. Staff perception of effectiveness discussed.

Chapter V

Implementation of Strategy

The problem, as described in Chapter III, was supported by the literature and confirmed by local parents and professionals. To reiterate, parents and caregivers of young children are often unaware of the impact of day to day interactions on children's responses and behaviours.

To meet the challenge of increasing parent and caregiver understanding of the power of positive interactions in promoting prosocial behaviour, a combination of information sharing strategies was incorporated. A unique aspect of the project was the focus on providing preparation, through home visits, for the more didactic group presentation sessions. This allowed home visitors to begin to build a relationship with the participants, to identify individual interests and to ground new ideas immediately in the concrete, by modeling or through identification of participant strengths.

This chapter will describe the actual strategies implemented in order to promote change in the knowledge and attitudes of participants. It will also analyze the results using pre and post surveys and participant feedback.

Implementation

A ten week program was developed and put into action by identifying a rural community, within regional boundaries, which would have limited access to training opportunities for residents who worked and lived with young children. A partnership with a local child care professional was developed and she became an important resource in advertising and recommending the project to potential participants, as well as in locating a suitable site for evening presentations. The first evening session was located in the town library but the second and third evening sessions were moved to free space donated by one of the participants. The project was described as an opportunity to learn and share ideas on promoting cooperative behaviour in young children. Interested parents and caregivers were told that over a ten week period there would be a combination of home visits and presentations. During home visits there would be optional opportunities to videotape and then review their interactions with children. A sequence of activities for the ten week program is outlined in Table 1.

Table 1.

Sequence of Activities	
Week 1.	Orientation
Weeks 2,3 and 4.	Home Visits
Week 5.	Presentation by a Teacher/Speech Language Pathologist
Weeks 6,7 and 8.	Home Visits
Week 9.	Presentation by a Psychologist
Week 10.	Review Home Visit

In attempting to change both attitudes and knowledge of the participants the staff felt that home visits, though low key and slow paced, were the critical element of the project. They were an effective means of trying out new ideas in a non threatening way, of preparing participants for the content of presentations and of following up afterwards. Using home visits as the core of the project facilitated matching people with the program at their own individual stage in the change process. Using the home as the environment in which the information was first offered made it easily adaptable to the demonstration of a new approach or to tailor the participant's interest in a particular child to the planned content. It facilitated both the initiation of dialogue which could elucidate the participants' interests, knowledge levels and attitudes about caring for children and their willingness to become active partners in trying out new ideas. The home visitors used modeling as one

means of teaching new behaviours and also used encouragement and recognition of competencies that were displayed by the participants. The home visitors were cognizant of the fact that the modeling of successful interactions with children could actually be detrimental to the relationship with the participant and could undermine their confidence in their own abilities. Of paramount importance was building self confidence in the participants by introducing new information in small steps and by reinforcing success. In order to do this there had to be a concurrent down playing of the home visitor's display of skill and an emphasis on the inclusion and promotion of participant's natural abilities. On each visit the home visitor completed the feedback form found in Appendix G and left it with the participant. This gave participants a tangible reminder both of their strengths of the suggestions that had evolved through discussion.

Underscoring the presentation of content during the home visits were the beliefs that the participants were more likely to change when suggestions were similar to what they were already doing, flexible enough to be generalized to different situations, easy to attempt, simple to understand, easy to stop if they decided to do so, unlikely to have negative effects and did not take a great deal of time or money.

The home visitors had planned the content to be covered during the five hours of home visits but were prepared to be flexible and follow the participants interests. Through building on those

interests the major part of the course content was covered in a fluid manner. The home visitors recorded the content of each visit on the checklist shown in Appendix F. Not every issue was explored with each participant due to time constraints but the major themes of interactive communication and building self esteem as a foundation for behaviour, formed the core of the home visits.

Although the process was unique to each participant and to the particular circumstances of each home visit, the agenda for each home visitor was to integrate the following content into the conversation in a natural manner and with appropriate timing. The thinking was to discuss the issues, in sequence, but to be flexible if the participant's interest, or a teachable moment, arose. The conversations on home visits ranged across the following set of issues: 1) early interactions and how they effect children's responses and self concept, 2) the development of self esteem and the opportunities for influencing this through everyday routines, 3) the value of play as a socializing activity and the role of the adult in play, 4) tuning in to the child's level and having appropriate expectations for the child's stage of development, 5) reflections on one's own childhood and it's influence on parenting styles, 6) the need for support systems for all parents and caregivers, 7) developing decision making, autonomy and setting appropriate limits, 8) guiding behaviour and redirecting children in a positive way, 9) obedience, compliance, punishment and rewards and finally, 10) negotiation and cooperation, listening and problem solving.

The orientation session in week 1 gave an overview of the project and a planning time for those who wished to be involved. Three staff members gave brief presentation beginning with an icebreaker activity and a request to complete the pre-test. This was followed by a discussion focused on looking to the future for children, identification of important attributes for children to acquire and a sharing of suggestions for how to foster the development of those attributes. Finally there was an outline of a calendar for home visits and group presentations, a sign up sheet for visit dates, a question period and an opportunity to have coffee and informal discussion. A student who planned to be involved in videotaping was also present and was able to meet the participants. This meant that we were able to plan for two staff on each visit, with one free to videotape when appropriate.

Fifteen interested women were present, thirteen of whom made a commitment to become involved in the whole project and two of whom requested the opportunity to come to the group presentations only. A number of participants expressed reservations about videotaping and were reassured that although we felt it offered a valuable learning opportunity, it was optional. During the course of the project two participants dropped out for personal reasons. The remaining eleven participants were involved throughout the project and their completed pre and post tests and participant evaluations have been used to discuss the results.

Home visits were made to all participants during weeks 2,3 and 4. The participants all resided within 50 kilometres of the town and visits were coordinated to accommodate both the daily routines of the participants and to minimize travel time for the staff. Initially, two staff were present at each home visit so that one could take the lead in the discussion and one could interact with the children and be responsible for camera work. This proved to be unnecessary as comfortable relationships were soon established and those participants who requested videotaping were very helpful in setting up. Videotapes were played back to illustrate participant strengths in adult/child interactions. Supportive comments, which recognized competencies, were made throughout the visits to those who did not wish to be taped.

The presentation in week 5 was given by a teacher who is also a speech language pathologist. Through the use of before and after videos the participants were given real illustrations of the change in children's responses to different interactive styles. The importance of the relationship which develops between adult and child was stressed, as was the need to be playful and animated when interacting with children. A sequence of steps in implementing the interactive approach was outlined. The adult matching of children's language and play skill levels, the balance of taking turns in play and conversation and the waiting to allow children time to process their thoughts, were discussed. The ability to be responsive throughout the day, whether completing routines, being playful, or by simply acknowledging the child's initiations as one's attention is directed

elsewhere, was stressed. A challenge for participants was to become aware of the amount of questioning they use with children and to try and turn some of those questions into comments, in order to encourage children's responses.

Home visits continued through weeks 6,7 and 8. At this stage home visits were adapted to review the week 5 presentation and to discuss the participants' reflections on the topic. Where possible the home visitors joined in the children's play and modeled the interactive style that had been discussed. Of most interest to participants was the impact that questioning had on children's responses. All were interested in turning questions into comments and had anticipated it would be easy. They had all found it surprisingly difficult but when they had paused and restructured their responses to a situation they were soon rewarded by increased conversation from their children. These successes very naturally prepared the way to discussions around negotiating with children, the setting of limits and the use of natural consequences. In most cases there was opportunity to talk about the difference between obedience and cooperation and how the skill of the listener can help the child develop problem solving skills.

The presentation in week 9 was given by a child psychologist and was eagerly anticipated by the participants. A similar presentation had previously been given to a number of groups of both parents and child care providers. It covered the setting of limits, the use of natural consequences, the support needed from

family and community, especially when faced with guiding behaviour in a public situation, the development of autonomy, decision making and the validation of children's feelings. The participants were very comfortable in making comments, giving examples and asking questions. Surprisingly, the questions did not focus on individual child behaviours but explored some much deeper issues such as the impact on children of two parents with different interactive styles. Some participants stayed for a long time after the presentation was ended to discuss behavioural issues with the psychologist, other staff and each other.

The final home visit, in week 10, was used to discuss the impact of the overall project. The participants returned their post test and their project evaluations.

Results

The results of the project will be analyzed using the pre and post test results. They will be divided into clusters which relate to the knowledge objective and the attitude objectives that were stated in Chapter III. The participant evaluation will give additional anecdotal information on the outcomes of these objectives and will also indicate participant responses to the strategies employed in order to meet these objectives.

The pre/post test statements which were related to each of the objectives are shown in the following tables. Each table shows

aggregate pre and post ratings and the amount of change for the clusters related to each objective. The rating for some statements were anticipated to increase and others to decrease therefore the results for each objective have been separated into two groups. The maximum aggregate rating for the eleven participants was fifty five.

The first knowledge objective was that there would be an increase in knowledge of the factors leading to high self esteem and cooperative behaviour. The results are shown in Table 2 and Table 3.

Table 2

Change in knowledge objective 1: Factors leading to self esteem and co-operative behaviour which were anticipated to increase

Statement	Pre test	Post test	Change
4. Play builds children's confidence	53	55	+2
8. Confident children are open about admitting mistakes	38	42	+4
10. It is good for children to take charge when they play	38	42	+4
21. My child and I enjoy each other's company	43	52	+9
25. You can't hold, cuddle or carry a baby too much	41	43	+2
26. Children should make as many decisions as they can	41	51	+10
30. Children should like themselves a lot	47	52	+5

All of the items in this cluster increased as anticipated. In Table 2, participants have indicated a change in knowledge of factors which lead to self esteem and cooperative behaviour. These include the development of autonomy (10, 26), becoming competent and taking an active role in decision making (4, 8), feeling secure based on the responsiveness of significant adults (21, 25), knowledge of being loved (25, 21), ability to generalize to new situations (10) and a positive self concept (30).

Table 3

Change in knowledge objective 1: Factors leading to self esteem and co-operative behaviour which were anticipated to decrease

Statement	Pre test	Post test	Change
3. Babies should cry for a while before getting attention	19	18	-1
9. Negotiating with children is weak discipline	19	19	0
12. Punishment makes children cooperate	25	19	-6
16. Discipline means punishment and rewards	23	24	+1
18. Children can be over confident	39	23	-16
22. High self esteem means you want to be the centre of attention all the time	24	16	-8

The responses to the cluster of statements shown in Table 3 were more mixed. Understanding that self confidence and high self esteem were not the same as wanting to be the centre of attention increased significantly (18, 22). While accepting that punishment does not make children cooperative (12), participants had difficulty with the concept of discipline (9, 16). Possibly the use of the term positive guidance during the project obscured the fact that this was a synonym for discipline and skewed the result.

The second knowledge objective was that there would be an increase in knowledge of the role of play in facilitating enjoyable interactions and in enhancing the child's social development. The results are shown in Table 4 and Table 5.

Strong gains in all items in Table 4 confirmed that participants increased understanding that play was beneficial for their child. The results indicate that participants are seeking out play opportunities (11, 23, 29), and that play has a purpose (4, 10) in addition to offering opportunities for enjoyable shared interactions.

Table 4

Change in knowledge objective 2: Indicators of the value of play as a medium for social development which were anticipated to increase

Statement	Pre test	Post test	Change
1. I enjoy playing with my child	41	51	+10
4. Play builds children's confidence	53	55	+2
10. It is good for children to take charge when they play	38	42	+4
11. Sometimes I leave the chores just to play with children	39	52	+13
23. Children know I like to play with them	41	45	+4
29. Diapering, doing the dishes or digging in the dirt are great times to talk to children	47	51	+4

The increase in item 13, in Table 5, was unexpected. After considering the fact that this was the issue in which participants showed most interest, it seems the item was not well written and has not captured the change that occurred. It became very clear throughout the course of the project that participants had not realized how often they grilled their children with questions as opposed to commenting and waiting for the children's responses.

The decrease in 17 and 19 indicate a reduction in the participant's view of play as a time filler.

Table 5

Change in knowledge objective 2: Indicators of the value of play as a medium for social development which were anticipated to decrease

Statement	Pre test	Post test	Change
13. When I talk to children I usually ask them questions	37	42	+5
17. When children are busy playing I get a break	34	32	-2
19. Play keeps children busy until there are more important things to do	26	19	-7

The first attitude objective was that parents/caregivers will feel more competent at fostering high self esteem and positive behaviour in children. The results are shown in Table 6 and Table 7.

Table 6

Change in attitude objective 1: Indicators of competency at fostering self esteem and co-operative behaviour which were anticipated to increase

Statement	Pre test	Post test	Change
8. Confident children are open about admitting mistakes	38	42	+4
26. Children should make as many decisions as they can	41	51	+10
27. It is healthy for a child to challenge his/her parents	38	46	+8
28. With children you can always make a 'no' into a 'yes'	34	34	0
30. Children should like themselves a lot	47	52	+5

Gains were made in all items, in Table 6, with the exception of 28. This may reflect ambiguous wording as the concept of reframing one's responses to children to make a positive statement was very well received by participants. Increased competence is indicated by responses which accept that honest communication (8), active decision making and challenges(26, 27), are not to be feared but to be encouraged along with a fostering of a positive self concept (30).

Table 7

Change in attitude objective 1: Indicators of competency at fostering self esteem and co-operative behaviour which were anticipated to decrease

Statement	Pre test	Post test	Change
2. Children should be obedient	39	37	-3.6
3. Babies should cry for a while before getting attention	19	18	-2.2
5. I do things for my child because he takes too long	27	20	-12.7
9. Negotiating with children is weak discipline	19	19	0
12. Punishment makes children cooperate	25	19	-6
14. Adults should be in control of all the decisions	24	19	-5
16. Discipline means punishment and rewards	23	24	+1
24. I worry when my child shows signs of independence	26	16	-10

Table 7 clusters items which reflect the participants' views of discipline. The majority of these ratings were decreased as anticipated with the exception of items 9 and 16 which are believed to reflect the use of terminology in discussing the concept of discipline. Guiding behaviour by positive interactions, reframing responses and investing in the relationship by sharing experiences were well received by the participants. The importance of encouraging a feeling of competence (5, 14, 24) in the child is also indicated.

The second attitude objective was that parents/caregivers would feel more able to become effective play partners. The results are given in Table 8 and Table 5.

Table 8 shows an increased rating for all items. The results in this cluster indicate the participants' views of the role of the adult in play. By increasing their rating of routines (29) and their willingness to initiate play opportunities (11) participants show that the concept of play as a medium for learning and socializing has been enhanced.

The cluster of items found in Table 5 also illustrates the change in attitude objective 2 for ratings which were anticipated to decrease. The trend noted in Table 8 for increased awareness of the valued of play is confirmed by decreased ratings for items 17 and 19. The anomaly of the increase in item 13 has been attributed to

poor design as there was ample evidence of participants' attempts to change their practices in this regard.

Table 8

Change in attitude objective 2: Factors leading to becoming effective play partners which were anticipated to increase

Statement	Pre test	Post test	Change
1. I enjoy playing with my child	41	51	+10
10. It is good for children to take charge when they play	38	42	+4
11. Sometimes I leave the chores just to play with children	39	52	+13
21. My child and I enjoy each other's company	43	52	+9
23. Children know I like to play with them	41	45	+4
29. Diapering, doing the dishes or digging in the dirt are great times to talk to children	47	51	+4

The third attitude objective was that parents/caregivers would feel more knowledgeable about the foundations of prosocial behaviour. The results are found in Table 9 and Table 10.

Table 9

Change in attitude objective 3: Factors indicating knowledge of the foundations of behaviour which were anticipated to increase

Statement	Pre test	Post test	Change
6. Sometimes I am wrong and my child is right	42	47	+5
8. Confident children are open about admitting mistakes	38	42	+4
25. You can't hold, cuddle or carry a baby too much	41	43	+2
26. Children should make as many decisions as they can	41	51	+10
27. It is healthy for a child to challenge his/her parents	38	46	+8
28. With children you can always make a 'no' into a 'yes'	34	34	0
30. Children should like themselves a lot	47	52	+5

In Table 9, the increase in all ratings, except item 28 which is believed to have an ambiguous interpretation, shows that participants accepted that confident, secure children, who share opinions and ideas, question, make decisions and feel good about

themselves are developing skills which will assist in the development of prosocial behaviours.

Table 10

Change in attitude objective 3: Factors indicating knowledge of the foundations of behaviour which were anticipated to decrease

Statement	Pre test	Post test	Change
2. Children should be obedient	39	37	-2
9. Negotiating with children is weak discipline	19	19	0
12. Punishment makes children cooperate	25	19	-6
14. Adults should be in control of all the decisions	24	19	-5
15. Children should learn to please others	27	25	-2
20. I try to save my child from making mistakes	26	31	+5
22. High self esteem means you want to be the centre of attention all the time	24	16	-8
24. I worry when my child shows signs of independence	26	16	-10

Table 10 shows the responses which decreased, as expected, as participants became more knowledgeable about the skills needed by children to be able to act in a cooperative and prosocial manner. Only item 20 increased and I see no evident reason for the increase. Possibly, by creating an environment in which decisions can be made and mistakes managed safely participants believe they can diminish the number of such experiences.

These results are not comparable with the results of other workshops on the interactive model, which have been offered in the region because of the differences in strategies, outcome measurement and the time frame involved. The participant evaluation and discussions on the final home visit indicated that the project had been well received and had made a significant impact on the participants. They indicated that they felt they were already cognizant of much of the information presented, but that they enjoyed the chance to reflect, discuss the content again and try something new. This may be a factor of the strategy used on home visits, which attempted to draw out the participant to become an active partner and to build on the knowledge base and strengths evidenced by the individual. This preparation helped the participants to feel familiar with the content of the presentations and well able to process the information. Highlights for many of the participants included the feedback given on their skills and competencies, the positive approach by home visitors which made them feel energized and the rewarding results seen when they

attempted to change their questioning styles. Some examples of participant feedback are noted in Table 11.

Table 11

Selected feedback from participants

"It was very encouraging to have one on one time."
"The home visitors were so positive it did wonders for everyone's self esteem... they picked up on even the smallest positives"
"Being more animated I have found that the children now look for this and are more interested in listening and responding to me."
"They were great to work with and know how to make a person feel good about themselves."
"I felt very comfortable asking questions openly and telling about different situations".
"I could point out my own strengths and weaknesses".
"I learned most from watching the home visitors interact with the children".
"I'm trying very hard to comment instead of questioning, also giving the children ample time to reply - it works!"

These comments from the provider evaluation forms, which were collected on the final home visit, show that most of the participants felt comfortable with trying out the material, had

already made gains and felt positive enough to make detailed written comments on the evaluation. All of the participants agreed that they had been prepared for the group presentations by the home visits. The visits were deemed to have been useful with regard to the positive comments (100%) and the modeling of play and interactions with children (81%). Six participants had chosen to videotape and each had found it valuable to be able to see their own strengths and to point out their own weaknesses. Several participants commented that the presentations reinforced what they were already believed and 100% of participants agreed that they had experienced change in their attitudes and knowledge which had affected their interactions with children to varying degrees.

The program had been implemented as planned and was deemed to have been successful as the stated objectives have largely been met.

Chapter VI

Conclusion

The ten week program was regarded as a successful and enjoyable experience by participants. The results of the pre/post test showed an increased rating in almost every category and there were evident attempts by many of the participants to put their increased knowledge and changed attitudes into action. By measuring a change in the ratings given by participants to 30 statements about interactions, development and discipline, it was determined that all of the objectives of the program had largely been met. Unanticipated findings could either be explained or used to modify planning for other training projects.

A component of the project which I feel contributed to the positive results was the strategy used to present information to the participants. The combination of home visits and professional presentations allowed for a relationship to develop with the home visitor which prepared the ground for the professional, authority figure who delivered similar information to the group but in a more formal style. The home visit setting allowed the staff to build on the participants' strengths and encourage the development of competencies in very natural and individualized way. This low key approach seemed at times to proceed slowly and somewhat randomly as each visit was unique. It was effective, however, as the

information was absorbed as outlined in the Diffusion of Innovations Theory which was discussed in the literature review. The suggestions were similar to what the participants were already doing, easy to try and to understand, low cost in terms of time and easily reversible if desired. In fact, the participants were likely to discover a saving in terms of time when they were able to induce a cooperative response instead of escalating conflict. The strategies for promoting positive behaviour were easily manageable within the security of the home and easily transferable out of the home to other situations once confidence had been gained.

The strategy of drawing out interests and knowledge of the participants helped them feel comfortable with the material. Most felt that they already had much of the information but they enjoyed the chance to reflect and to discuss issues. Ultimately the suggestions given by home visitors were seen to be logical extensions of what was already happening in their homes and the information presented was believable. Participants could accept the premise that if children like themselves and feel confident in who they are they are more likely to respond positively to others and to problem solve in difficult situations. The participants particularly valued the feedback sheet. Almost all wrote comments on their evaluation to indicate that no one had ever talked to them about what they do well as parents or caregivers and it was energizing to be given that feedback. This boost to self esteem encouraged the willingness to risk new ideas.

The fact that this was a rural project may also have influenced the participants willingness to invest their time and energy in the project. There are fewer resources for the residents of the area and to have someone willing to come to their homes was a novelty. The participants understood the time and travel limitations and were very accommodating. The fact that a local professional had endorsed the project meant that the team was accepted very easily and interested participants came forward through word of mouth, in a short space of time. The group was well used to the isolation of rural living and very open to both home visits and traveling in to town to attend the group sessions. Fortunately the weather was good. Videotape is an effective medium for working with rural families. The presentations were videotaped and left with the local professional for others to see. The low key approach to introducing the content of the course through conversation, adapting the dialogue to each situation and using a minimum of paperwork, was effective for these participants.

Recommendations

Recommendations are to continue to develop this model so that it has a wider application and becomes more cost efficient. The content of the program and the delivery strategies were successful. As rural families will now form a significant portion of the Centre's workload the generalist approach through home visits could be developed. Many of families the centre staff will work with will be under stress and unlikely to seek the opportunity for training, as did

the participants in this project. More home visit time may be appropriate. With less time restraints than this project allowed, achievable goals for each family could be planned in partnership with the home visitor. As the people we most want to work with may not seek us, it is important that word of mouth reports in the community are positive. If all families are seen to benefit then there will be no stigma attached to becoming involved. One home visitor is sufficient, to provide a service, but the opportunity, at times, to include a co-worker will help give perspective to the work and support to the staff. Travel could be cut by more efficient planning but efficiency must not restrict provision of services to remote or needy families.

Thorough preparation for the role of home visitor is recommended so that supervisors and co-workers are realistic about the demands of the work and the skills needed. This is not a role which seeks to engender respect, either from families or other professionals, by shrouding expertise and a specific body of knowledge, in mystique. The skills of the home visitor, who has to be cognizant of the material to be covered, flexible in timing and able to present the material in a manner which builds the competencies of the participant, are often underrated. The work may be isolating and emotionally draining and the supportive feedback of co-workers on this project was highly valued. Support for the home visitor in professional development, opportunities for team work, measurement of successes and the use of technologies,

such as the cell phone and videotaped presentations, can enhance the service provided.

Finally, regular follow up, by telephone or home visit, would measure the extent to which the changes in the participants knowledge, attitude and practices, were maintained over time.

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APPENDIX A

Sample: Survey for Professionals Form

Survey for Professionals

Please rate the following as possible factors contributing to parent/child conflict using the scale H(high) M (medium) L (low) N (not significant)

1. Inappropriate expectations for the child's stage of development.
   H M L N
   Comments_____
   _____
2. Frequent negative parental interactions. H M L N
   Comments_____
   _____
3. Parental discomfort with the child's increasing independence.
   H M L N Comments_____
   _____
4. Poor role models from parents' own childhood. H M L N
   Comments_____
   _____
5. Parents' difficulty with engaging in playful activities. H M L N
   Comments_____
   _____
6. Low self esteem in child. H M L N Comments_____
   _____
7. Low self esteem in parent. H M L N Comments_____
   _____

8. Stressful living circumstances H M L N Comments_____

_____

9. Parents expect obedience. H M L N Comments_____

_____

10. Discipline is seen as punishment and reward. H M L N

Comments_____

_____

Other factors:_____

_____

Service delivery:

11. When is the optimal time in the parent/child relationship to provide intervention?_____

_____

12. Please comment on the effectiveness of the following service delivery strategies.

A All services through group participation: _____

_____

_____

_____

B. All services through home visits

_____

_____

_____

C. A combination of group and home visits_____

_____

_____

_____

APPENDIX B

Sample: Pre-Post Test

Survey for Participants

Survey for Participants

Please circle a number beside each of the following statements which best describes your views. No names are necessary.

1 means you strongly disagree with the statement

2 means you disagree

3 means you are neutral

4 means you agree

5 means you strongly agree

1. I enjoy playing with my child. 1 2 3 4 5
2. Children should be obedient. 1 2 3 4 5
3. Babies should cry for a while before getting attention. 1 2 3 4 5
4. Play builds children's confidence. 1 2 3 4 5
5. I do things for my child because he takes too long. 1 2 3 4 5
6. Sometimes I am wrong and my child is right. 1 2 3 4 5
7. I hurry through routines with my children. 1 2 3 4 5
8. Confident children are open about admitting mistakes. 1 2 3 4 5
9. Negotiating with children is weak. 1 2 3 4 5
10. It is good for children to take charge when they play. 1 2 3 4 5
11. I sometimes leavethe chores just to play with children. 1 2 3 4 5
12. Punishment makes children cooperate. 1 2 3 4 5
13. When I talk to children I usually ask them questions. 1 2 3 4 5
14. Adults should be in control of all the decisions. 1 2 3 4 5

15. Children should learn to please others. 1 2 3 4 5
16. Discipline means punishments and rewards. 1 2 3 4 5
17. When children are busy playing I get a break. 1 2 3 4 5
18. Children can be over confident. 1 2 3 4 5
19. Play keeps children busy until there are more important things to do. 1 2 3 4 5
20. I try to save my child from making mistakes. 1 2 3 4 5
21. My child and I enjoy each others company. 1 2 3 4 5
22. High self esteem means you want to be the centre of attention all the time. 1 2 3 4 5
23. Children know I like to play with them. 1 2 3 4 5
24. I worry when my child shows signs of independence. 1 2 3 4 5
25. You can't hold, cuddle or carry a baby too much. 1 2 3 4 5
26. Children should make as many decisions as they can. 1 2 3 4 5
27. It is healthy for a child to challenge his/her parents. 1 2 3 4 5
28. With children you can always make a "no" into a 'yes". 1 2 3 4 5
29. Diapering, doing the dishes or digging in the dirt are great times to talk to children. 1 2 3 4 5
30. Children should like themselves a lot. 1 2 3 4 5

Some statements adapted from Bluestein and Collins (1989)

APPENDIX C

Sample: Participant Evaluation of Project

Participant Evaluation

Thank you so much for your participation in this project and for allowing us into your home. We have thoroughly enjoyed ourselves. Your feedback would be much appreciated.

1. Did you find the information shared during home visits prepared you for the information presented in the group sessions? Yes No

Comment:

2. What did you find most valuable about the home visits?

Comment:

3. If you chose videotaping during home visits, did you find the process to be useful? Yes No

Comment:

4. Did the group sessions provide you with information you were able to use during daily interactions with children, in you home? Yes No

Comment:

5. What changes would you recommend if this project was to be offered again?

Comment:

6. Which components of the project would you recommend remain the same?

Comment:

7. Did you experience a change in your attitude or knowledge that has modified some of the interactions you have with children in your home?

Yes No

Comment:

APPENDIX D

Sample: Contact Information and Home Visit Schedule

Contact Information and Schedule Sheet.

Name of Participant:

Address (and directions if necessary):

Telephone: -

Names and Ages of children:

Names and ages of children in care:

Name of Home Visitor: Telephone:

Schedule of home visit dates:

First visit:

Second visit:

Third visit:

Dates and place of group discussions:

APPENDIX E

Sample: Release form for videotaping

RELEASE FORM

If you wish to videotape please ensure a parent of each child in care signs a copy of this release.

As parent of _____ I give permission for his/her provider,_____, to videotape my child at play and in interactions with others. I understand this tape will be used for training purposes only.

_____ _____

signature of parent date

Please call.....if you would like further information.

APPENDIX F

Sample: Home Visitor Checklist - Topics Discussed on Home Visits

Home Visitor Checklist for Topics Discussed on Home Visits

Name of Participant:

Date of visit

Indicators of self esteem

Balancing/Matching

Waiting for response

Following the child' lead

Initiating and responding

Autonomy and decision making

Obedience and compliance

Cooperation

Parent Interests

_____

_____

_____

APPENDIX G

Sample: Feedback Form for Participants

You did a great job....

Perhaps you could try...